AU6 2 4 2005 TO 24 Adjoing 10 23 2 PUS 1

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	Therapeutic compositions for use in prophylaxis or treatment of diarrheas							
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:							
Information -	The specification v	vas filed on	.,			-	as	
For Use Without	United States App	lication Number	7					
Specification Attached:	and amended on _	20	June 2003			(if applicable	and/or	
	the specification w	as filed on $\frac{30}{}$	DOT/FT2003/0005	70			_as PCI	
	International App	lication Number	PCT/F12003/0005			(if an	anu was nlicable)	
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.  I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one							
	prior to this application date of this application representative or assignate patent or inventor's cer application by me or me I hereby claim for	year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.  I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having						
	a filing date before that Prior Foreign Applic	of the application	on on which priority is cla	aimed:		Priority (		
Insert Priority	20021275	Finland		06/28/20	002			
Information: (if appropriate)	(Number)	(Country)	<del> </del>	(Month/Day	/Year Filed)	Yes	No	
	20030564	Finland		04/14/20	003	包		
	(Number)	(Country)		(Month/Day	/Year Filed)	Yes	No	
	(	` .				П		
	(Number)	(Country)	<del></del>	(Month/Day	/Year Filed)	Yes	Ν̈́ο	
	(Number)	(Country)	<del></del>	(Month/Day	/Year Filed)	☐ Yes	No.	
	I hereby claim the benefit under Title 35, United States Code, \$119(e) of any United States provisional applications(s) listed below.							
Insert Provisional Application(s): (if any)	(Application Number)		<del></del>	(Filing Da	ate)			
	(Application Number) (Filing Date)				·			
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country		Application Number		Date of Filing (Mont	h/Day/Year)		
Insert Requested Information: (if appropriate)								
	continuation-in-part a	pplication(s) list United States and ledge the duty §1.56 which bed	35, United States Code, ted below and, insofar at d/or PCT application in to to disclose information was came available between tion.	s the subject ma the manner prov which is material	ided by the first para to the patentability	graph of Title 35, as defined in Tit	United States le 37, Code of	
Insert Prior U.S Application(s): (if any)	(Application Number)		(Filing Date)		(Stat 1s - patented, p	ending, abandor	ned)	
Page 1 of 2 (Rev. 05/2004)	(Application Number)	<del></del>	(Filing Date)		(States - patented, p	ending, abandor	ned)	

10/518297

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorney or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 •

Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor: Insert Name of Inventor Insert Date This Document is Signed	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
Inventor Insert Date This Document is Signed	ANGSTRÖM, Jonas	Clares 1 gr	CITIZENSHIP	07-02-2005
Insert Residence Insert Citizenship →	Residence (City, State & Country) Göteborg, Sweden	SEX	Swedish	
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address i			
	de Geersgatan 12, S-416 57 Götebor	g, Sweden		•
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME TENEBERG, Susann	INVENTOR SAIGNATURE		DATE*
O.	Residence (City, State & Country) Hindas, Sweden	set	CITIZENSHIP Swedisl	
y	MAILING ADDRESS (Complete Street Address Postbox 1639, S-430 63 Hindas, Swe	including City, State & Country)		
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME SAARINEN, Juhani	INVENTORSGIGNATURE		DATE* 26,01, 2.005
3	Residence (City, State & Country) Helsinki, Finland	PIY	CITIZENSHIF Finnish	
3	MAILING ADDRESS (Complete Street Address Eljaksentie 3, FI-00370 Helsinki,	including City, State & Country) Finland		
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME SATOMAA, TERO	INVENTORS SIGNATURE	_	DATE* 26.01.2005
Inventor, if any:	CIVEN NAME/FAMILY NAME SATOMAA, Tero  Residence (City, State & Country) Helsinki, Finland		CITIZENSHIF Finnish	26,01,2005
Inventor, if any:	Residence (City, State & Country)	including City, State & Country)	CITIZENSHIP	26,01,2005
Inventor, if any:	Residence (City, State & Country) Helsinki, Finland MAILING ADDRESS (Complete Street Address	including City, State & Country)	CITIZENSHIP	26,01,2005
Full Name of Fifth Inventor, if any:	Residence (City, State & Country) Helsinki, Finland  MAILING ADDRESS (Complete Street Address Raetie 10 K, FI-00700 Helsinki, Fi  GIVEN NAME/FAMILY NAME	including City, State & Country)	CITIZENSHIP	26,01,2005 h
Full Name of Fifth Inventor, if any:	Residence (City, State & Country) Helsinki, Finland  MAILING ADDRESS (Complete Street Address Raetie 10 K, FI-00700 Helsinki, Fi  GIVEN NAME/FAMILY NAME ROCHE, Niamh  Residence (City, State & Country) Västra Frölunda, Sweden	including City, State & Country) nland INVENTOR'S SIGNATURE	CITIZENSHIF Finnish	26,01,2005
Full Name of Fifth Inventor, if any:	Residence (City, State & Country) Helsinki, Finland  MAILING ADDRESS (Complete Street Address Raetie 10 K, FI-00700 Helsinki, Fi  GIVEN NAME/FAMILY NAME ROCHE, Niamh  Residence (City, State & Country)	including City, State & Country) nland INVENTOR'S SIGNATURE	CITIZENSHIF	26,01,2005
Full Name of Fifth Inventor, if any:	Residence (City, State & Country) Helsinki, Finland  MAILING ADDRESS (Complete Street Address Raetie 10 K, FI-00700 Helsinki, Fi GIVEN NAME/FAMILY NAME ROCHE, Niamh  Residence (City, State & Country) Västra Frölunda, Sweden  MAILING ADDRESS (Complete Street Address Grevegårdsvägen 146/772, S-421 61	including City, State & Country) nland INVENTOR'S SIGNATURE including City, State & Country) Västra Frölunda, Sweden	CITIZENSHIF	26,81,2005 h
Full Name of Fifth Inventor, if any:	Residence (City, State & Country) Helsinki, Finland  MAILING ADDRESS (Complete Street Address Raetie 10 K, FI-00700 Helsinki, Fi  GIVEN NAME/FAMILY NAME ROCHE, Niamh  Residence (City, State & Country) Västra Frölunda, Sweden  MAILING ADDRESS (Complete Street Address	including City, State & Country) nland INVENTOR'S SIGNATURE including City, State & Country)	CITIZENSHIF Finnish CITIZENSHIF Swedish	26,81,2005  DATE*  25,1,2005
Full Name of Fifth Inventor, if any: see above	Residence (City, State & Country) Helsinki, Finland  MAILING ADDRESS (Complete Street Address Raetie 10 K, FI-00700 Helsinki, Fi GIVEN NAME/FAMILY NAME ROCHE, Niamh  Residence (City, State & Country) Västra Frölunda, Sweden  MAILING ADDRESS (Complete Street Address Grevegårdsvägen 146/772, S-421 61	including City, State & Country) nland INVENTOR'S SIGNATURE including City, State & Country) Västra Frölunda, Sweden	CITIZENSHIF	26,81,2005  DATE*  25,1,2005
Full Name of Fifth Inventor, if any: see above	Residence (City, State & Country) Helsinki, Finland  MAILING ADDRESS (Complete Street Address Raetie 10 K, FI-00700 Helsinki, Fi  GIVEN NAME/FAMILY NAME ROCHE, Niamh  Residence (City, State & Country) Västra Frölunda, Sweden  MAILING ADDRESS (Complete Street Address Grevegårdsvägen 146/772, S-421 61 GIVEN NAME/FAMILY NAME NATUNEN, Järi  Residence (City, State & Country)	including City, State & Country)  INVENTOR'S SIGNATURE  including City, State & Country)  Västra Frölunda, Sweden  INVENTOR'S SIGNATURE  including City, State & Country)	CITIZENSHIF Finnish CITIZENSHIF Swedish	26,81,2005  DATE*  25,1,2005

Page 2 of 2 (Rev. 05/2004)

\*DATE OF SIGNATURE

GIVEN NAME/FAMILY NAME MILLER-PODRAZA, Halina Full Name of Seventh 07-02,205 Residence (City, State & Country) CITIZENSHIP Västra Frölunda, Sweden Swedish MAILING ADDRESS (Complete Street Address including City, State & Country) Lantmilsgatan 20, S-421 37 Västra Frölunda, DATE\* Full Name of Eight GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE KARLSSON, Karl-Anders CITIZENSHIP Residence (City, State & Country) Göteborg, Sweden Swedish MAILING ADDRESS (Complete Street Address including City, State & Country) Nilssonsberg 35, S-411 43 Göteborg, Sweden DATE\* GIVEN NAME/FAMILY NAME Full Name of Ninth Inventor, if any: INVENTOR'S SIGNATURE lan Shulll 050202 BUL-MILH. Maan CITIZENSHIP Residence (City, State & Country) Swedish Angered, Sweden O C MAILENG ADDRESS (Complete Street Address including City, State & Country) Kryddpeppargatan 75, S-424 53 Angered, Sweden Full Name of Tenth Inventor, if any: DATE\* GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE CITIZENSHIP Residence (City, State & Country) MAILING ADDRESS (Complete Street Address including City, State & Country) DATE\* ull Name of Elev GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE CITIZENSHIP Residence (City, State & Country) MAILING ADDRESS (Complete Street Address including City, State & Country) Full Name of Twelfth Inventor, if any: DATE\* GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE Residence (City, State & Country) CTTIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country) DATE\* Full Name of Thirteenth Inventor, if any: see above GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE

CITIZENSHIP

Page 3 of 3

(Rev. 05/2004)

\*DATE OF SIGNATURE

Residence (City, State & Country)

MAILING ADDRESS (Complete Street Address including City, State & Country)

2 4 MIC 7005 Attorney Docket No.

0933-0232PUS1

STEWART, KOLASCH & BIRCH, LLP

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P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	Therapeutic compositions for use in prophylaxis or treatment of diarrheas							
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:							
Information -	The specification	was filed on			<u> </u>		as	
For Use Without	77 's 1 Ct-t A	-liantian Nivembor						
Specification	and amended on	30 J	une 2003			(n applicable	as PCT	
Attached:	the specification	was filed on	PCT/F12003/000	528		;	and was	
	the specification was filed on 30 June 2003 International Application Number PCT/FI2003/000528					(if applicable)		
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code (Regulations, §1.56.  I do not know and do not believe the same was ever known or used in the United States of America before my or our thereof, or patented or described in any printed publication in any country before my or our invention thereof or more year prior to this application, that the same was not in public use or on sale in the United States of America more than prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued date of this application in any country foreign to the United States of America on an application filed by me or representative or assigns more than twelve months (six months for designs) prior to this application, and that no application by me or my legal representatives or assigns, except as follows.  I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate listed below and have also identified below any foreign application for patent or invent					the claims, as de of Federal our invention nore than one		
To cont Deinsite	Prior Foreign Appli	ication(s)					_	
Insert Priority Information:	20021275	Finland		06/28/20			Ö	
(if appropriate)	(Number)	(Country)		(Month/Day/	/Year Filed)	Yes	No	
	20030564	Finland		04/14/20	03	$\square$		
	(Number)	(Country)	-	(Month/Day/	Year Filed)	Yes	No	
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	(Number)	(Country)		(Month/Day/	/Year Filed)	Yes	Ν̈́ο	
						Ģ	Û	
	(Number)	(Country)		(Month/Day)	/Year Filed)	Yes	No	
	I hereby claim the ber	nefit under Title 35,	United States Code, §	119(e) of any Unite	ed States provisional a	pplications(s) li	sted below.	
Insert Provisional Application(s): (if any)	(Application Number	)		(Filing Da	ite)			
	(Application Number)			(Filing Date)				
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country		Application Number		Date of Filing (Montl	h/Day/Year)		
Insert Requested Information: (if appropriate)								
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCI international filing date of this application.							
Insert Prior U.S Application(s): (if any)	(Application Number	r) .	(Filing Date)		(Stat 1s - patented, pe	ending, abandor	ned)	
Page 1 of 2 (Rev. 05/2004)	(Application Number	r)	(Filing Date)		(Stat 25 - patented, pe	ending, abandor	ned)	

	1 mm	* KOLU BUILD IN	2410	GPEONALI 021				
ull Name of Seventh Inventor, if any:	GIVEN NAME/FAMILY NAME - MILLER-PODRAZA, Halina	INVENTOR SSIGNATURE	- 1	DATE*				
Allen Art	Residence (City, State & Country) Västra Frölunda, Sweden		CITIZENSHIP Swedis					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	Lantmilsgatan 20, S-421 37 Västra	Frölunda, Sweden						
Full Name of Eight Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		(DATE*				
see above	KARLSSON, Karl-Anders	- John Icanon		756. 2005				
	Residence (City, State & Country)	CITIZENSHII	•					
	Göteborg, Sweden	Swedis	sh 👱					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	Nilssonsberg 35, S-411 43 Göteborg	g, Sw <b>e</b> den						
Full Name of Ninth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		(DATE:				
and where	ABUL-MILH, Maan		CITIZENSHII	, , , , , , , , , , , , , , , , , , ,				
	Residence (City, State & Country)		CHIZENSIII	· .				
	Angered, Sweden  MAILING ADDRESS (Complete Street Address including City, State & Country)  Swedish							
	Kryddpeppargatan 75, S-424 53 Angered, Sweden							
Full Name of Tenth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
god whore	Residence (City, State & Country)		CITIZENSHII	P				
	MAILING ADDRESS (Complete Street Address	including City, State & Country)						
Full Name of Eleventh Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHI	P				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Twelfth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)  CITIZENSHIP							
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Thirteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSH	IP .				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							

Page 3 of 3 (Rev. 05/2004)

\*DATE OF SIGNATURE

10/3/297

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000

Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Such willian laise statements may jeoparatize the v	andity of the application of they pute	in Doucu thereon	
uil Name of First or Spie Inventor: or Spie Inventor: or Spie Inventor Inventor open Date This Document is Signed	GIVEN NAME/FAMILY NAME ANGSTRÖM, JONAS	INVENTOR'S SIGNATURE	1	DATE*
Document is Signed usert Residence usert Citizenship →	Residence (City, State & Country) Göteborg, Sweden		CITIZENSHIP Swedish	
nsert Post Office Address →	MAILING ADDRESS (Complete Street Address de Geersgatan 12, S-416 57 Götebor		L	
ull Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME TENEBERG, Susann	INVENTOR'S SIGNATURE	(	DATE*
	Residence (City, State & Country) Hindås, Sweden	•	CITIZENSHIP Swedish	
	MAILING ADDRESS (Complete Street Address Postbox 1639, S-430 63 Hindas, Swe			
uli Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME SAARINEN, Juhani	INVENTORSSIGNATURE		DATE* )
	Residence (City, State & Country) Helsinki, Finland	V	CITIZENSHIP Finnish	·
	MAILING ADDRESS (Complete Street Address Eljaksentie 3, FI-00370 Helsinki,	including City, State & Country) Finland		رين المستعمل المراجع
ull Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME SATOMAA, Tero	INVENTOR'S SIGNATURE		DATE: 52621.2005
	Residence (City, State & Country) Helsinki, Finland		CITIZENSHIP Finnish	
	MAILING ADDRESS (Complete Street Address Raetie 10 K, FI-00700 Helsinki, F	including City, State & Country) inland		
ull Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME ROCHE, Niamh	INVENTOR'S SIGNATURE	17	DATE:/
Q <sub>V</sub>	Residence (City, State & Country)  Västra Frölunda, Sweden	SEA	CITIZENSHIP Swedish	
,	MAILING ADDRESS (Complete Street Address Grevegårdsvägen 146/772, S-421 61			January and the second
ull Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME NATUNEN, Jari	INVENTOR'S SIGNATURE		5 25.1.2005
	Residence (City, State & Country) Vantaa, Finland		CITIZENSHIP Finnish	n
	MAILING ADDRESS (Complete Street Address Oolannintie 10 E 18, FI-01520 Van	including City, State & Country)		

Page 2 of 2 (Rev. 05/2004)

\*DATE OF SIGNATURE